

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0718427

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10	1		1				60						
11		1		1			61						
12		1		1			62						
13	1	1	1	1			63						
14	1		1				64						
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100													
TOTAL IND.	3		3				TOTAL IND.						
TOTAL DEP.	10		10				TOTAL DEP.						
TOTAL CLAIMS	13		13				TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
9/118427
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3		/		/		/	53						
4		/		/		/	54						
5		/		/		/	55						
6		/		/		/	56						
7		/		/		/	57						
8		/		/		/	58						
9		/		/		/	59						
10	/		/		/		60						
11				/		/	61						
12						/	62						
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50													
TOTAL IND.	2		2		2		TOTAL IND.						
TOTAL DEP.	8		9		11		TOTAL DEP.						
TOTAL CLAIMS	10		11		13		TOTAL CLAIMS						